



Docket No. 60772-PCT-US/JPW/GJG/AGC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Rina Aharoni et al.

Serial No. : 09/768,872 Examiner: F. VanderVegt

Filed : January 23, 2001 Group Art Unit: 1644

For : TREATMENT OF AUTOIMMUNE CONDITIONS WITH COPOLYMER 1 RELATED
COPOLYMERS

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: September 7, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	19 -	* 46 =	*** 0 X	\$25	\$50	=		0
Indepen-dent Claims	1 -	** 7 =	*** 0 X	\$100	\$200	=		0
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$180	\$360	=		0
TOTAL ADDITIONAL FEE								\$ 0

- The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

- ☒ One additional copy of this Amendment Transmittal Letter
- ☒ Return Receipt Postcard
- ☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☒ No ☐
and a fee of \$ 180.00 included)
- ☒ A Petition for an Extension of Time, including a fee of
\$ 1,020.00 for a Petition for 3 Month(s) Extension of Time
- ☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 1,200.00.

- ☒ A check in the amount of \$ 1,200.00 is enclosed.
- ☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.

- ☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
- ☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
- ☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:	
Mail Stop Amendment	
Commissioner for Patents	
P.O. Box 1450	
Alexandria, VA 22313-1450.	
<i>Gary J. Gershik</i>	9/7/06
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